

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/544897 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				S1						
2		/					S2						
3		/	X				S3						
4		/	X				S4						
5		/					S5						
6		/					S6						
7		/					S7						
8		/					S8						
9		/					S9						
10		/					S10						
11		/					S11						
12		/					S12						
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43							S43						
44							S44						
45							S45						
46							S46						
47							S47						
48							S48						
49							S49						
50							S50						
TOTAL IND.	3	↓	6	↓		↓							
TOTAL DEP.	15	←	11	←		←							
TOTAL CLAIMS	18	[REDACTED]	17	[REDACTED]									

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